

"Express Mail" mailing label number _____

PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+) inside this box → ☐

0010/PTO
Rev. 6/95

U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing

Attorney Docket
Number

H 4763

First Named
Inventor

BUTZ, Wolfgang

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE FOR RECEIVING AND DISPENSING A COATABLE MATERIAL

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES NO |
|-------------------------------------|---------|----------------------------------|--------------------------|-------------------------------------|
| 100 54 984.5 | Germany | 11/07/2000 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | Additional provisional application numbers are listed on a supplemental priority sheet attached hereto. |
|-----------------------|--------------------------|---|
| | | <input type="checkbox"/> |

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--------------------------------|-------------------|---------------------------------|--------------------------------------|
| | | | |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

| Name | Registration Number | Name | Registration Number |
|-------------------|---------------------|--------------------|---------------------|
| Wayne C. Jaeschke | 21,062 | Glenn E. J. Murphy | 33,539 |
| Kimberly R. Hild | 39,224 | Stephen D. Harper | 33,243 |

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label 00423 OR ☐ Fill in correspondence address below

| | | | |
|---------|--|-----------|--------------|
| Name | Glenn E. J. Murphy | | |
| Address | Henkel Corporation - Patent Department | | |
| Address | 2500 Renaissance Boulevard, Suite 200 | | |
| City | Gulph Mills | State | PA |
| Country | USA | Telephone | 610-278-4926 |
| | | Fax | 610-278-6548 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned

| | | | | | | | |
|----------------------|------------------------|----------------|--|-------------|---------|---------------------|---------|
| Given Name | Wolfgang | Middle Initial | | Family Name | BUTZ | Suffix e.g. Jr. | |
| Inventor's Signature | | | | | Date | | |
| Residence: City | Duesseldorf | State | | Country | Germany | Citizenship | Germany |
| Post Office Address | Lichtenbroicher Weg 8a | | | | | | |
| Post Office Address | | | | | | | |
| City | 40472 Duesseldorf | State | | Zip | | Country | Germany |
| | | | | | | Applicant Authority | |

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

| DECLARATION | | | | | ADDITIONAL INVENTOR(S) Supplemental Sheet | | |
|--|------------------------------------|----------------|--|-------------|--|---------------------|----------------|
| Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | | |
| Given Name | Peter | Middle Initial | | Family Name | GONZALEZ-KOEHN | Suffix e.g. Jr. | |
| Inventor's Signature | | | | | Date | | |
| Residence: City | Duesseldorf | State | | Country | Germany | Citizenship | Germany |
| Post Office Address | Faehrstrasse 243 | | | | | | |
| Post Office Address | | | | | | | |
| City | 40221 Duesseldorf | State | | Zip | | Country | Germany |
| | | | | | | Applicant Authority | |
| Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | | |
| Given Name | Axel Uwe | Middle Initial | | Family Name | KOCHLER | Suffix e.g. Jr. | |
| Inventor's Signature | | | | | Date | | |
| Residence: City | Juechen | State | | Country | Germany | Citizenship | Germany |
| Post Office Address | Pestalozzistrasse 33 | | | | | | |
| Post Office Address | | | | | | | |
| City | 41363 Juechen | State | | Zip | | Country | Germany |
| | | | | | | Applicant Authority | |
| Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | | |
| Given Name | Peter | Middle Initial | | Family Name | KUKLIK | Suffix e.g. Jr. | |
| Inventor's Signature | | | | | Date | | |
| Residence: City | Haan | State | | Country | Germany | Citizenship | Germany |
| Post Office Address | Praelat-Marschall-Strasse 2 | | | | | | |
| Post Office Address | | | | | | | |
| City | 42781 Haan | State | | Zip | | Country | Germany |
| | | | | | | Applicant Authority | |
| Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | | |
| Given Name | Rainer | Middle Initial | | Family Name | DAHM | Suffix e.g. Jr. | |
| Inventor's Signature | | | | | Date | | |
| Residence: City | Mettmann | State | | Country | Germany | Citizenship | Germany |
| Post Office Address | Gerhart-Hauptmann-Weg 1a | | | | | | |
| Post Office Address | | | | | | | |
| City | 40822 Mettmann | State | | Zip | | Country | Germany |
| | | | | | | Applicant Authority | |
| <input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto | | | | | | | |

| DECLARATION | | | | | | | | | | ADDITIONAL INVENTOR(S) Supplemental Sheet | | | | | | | | | | |
|--|--|-----------------------|--|--|----------------|--|--|--|-------------|--|----------------|------|-----------------|--|----------------|--|---------------------|--|--|--|
| Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | | | | | | | | | | | | | | | |
| Given Name | | Karsten | | | Middle Initial | | | | Family Name | | WOLF | | Suffix e.g. Jr. | | | | | | | |
| Inventor's Signature | | | | | | | | | | | | Date | | | | | | | | |
| Residence: City | | Wunstorf | | | State | | | | Country | | Germany | | Citizenship | | Germany | | | | | |
| Post Office Address | | Schlesierweg 9 | | | | | | | | | | | | | | | | | | |
| Post Office Address | | | | | | | | | | | | | | | | | | | | |
| City | | 31515 Wunstorf | | | State | | | | Zip | | | | Country | | Germany | | Applicant Authority | | | |
| Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | | | | | | | | | | | | | | | |
| Given Name | | | | | Middle Initial | | | | Family Name | | | | Suffix e.g. Jr. | | | | | | | |
| Inventor's Signature | | | | | | | | | | | | Date | | | | | | | | |
| Residence: City | | | | | State | | | | Country | | | | Citizenship | | | | | | | |
| Post Office Address | | | | | | | | | | | | | | | | | | | | |
| Post Office Address | | | | | | | | | | | | | | | | | | | | |
| City | | | | | State | | | | Zip | | | | Country | | | | Applicant Authority | | | |
| Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | | | | | | | | | | | | | | | |
| Given Name | | | | | Middle Initial | | | | Family Name | | | | Suffix e.g. Jr. | | | | | | | |
| Inventor's Signature | | | | | | | | | | | | Date | | | | | | | | |
| Residence: City | | | | | State | | | | Country | | | | Citizenship | | | | | | | |
| Post Office Address | | | | | | | | | | | | | | | | | | | | |
| Post Office Address | | | | | | | | | | | | | | | | | | | | |
| City | | | | | State | | | | Zip | | | | Country | | | | Applicant Authority | | | |
| Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | | | | | | | | | | | | | | | |
| Given Name | | | | | Middle Initial | | | | Family Name | | | | Suffix e.g. Jr. | | | | | | | |
| Inventor's Signature | | | | | | | | | | | | Date | | | | | | | | |
| Residence: City | | | | | State | | | | Country | | | | Citizenship | | | | | | | |
| Post Office Address | | | | | | | | | | | | | | | | | | | | |
| Post Office Address | | | | | | | | | | | | | | | | | | | | |
| City | | | | | State | | | | Zip | | | | Country | | | | Applicant Authority | | | |
| Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | | | | | | | | | | | | | | | |
| Given Name | | | | | Middle Initial | | | | Family Name | | | | Suffix e.g. Jr. | | | | | | | |
| Inventor's Signature | | | | | | | | | | | | Date | | | | | | | | |
| Residence: City | | | | | State | | | | Country | | | | Citizenship | | | | | | | |
| Post Office Address | | | | | | | | | | | | | | | | | | | | |
| Post Office Address | | | | | | | | | | | | | | | | | | | | |
| City | | | | | State | | | | Zip | | | | Country | | | | Applicant Authority | | | |
| <input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto | | | | | | | | | | | | | | | | | | | | |